

12-30-04

2812\$



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

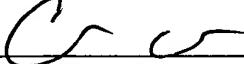
(to be used for all correspondence after initial filing)

		Application Number	09/759,312
		Filing Date	January 12, 2001
		First Named Inventor	Yoshihiro UETA
		Art Unit	2812
		Examiner Name	S. Mulpuri
Total Number of Pages in This Submission	13	Attorney Docket Number	299002051800

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (original + copy for fee processing (2 pages total))	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (9 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<ul style="list-style-type: none"> • Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks		

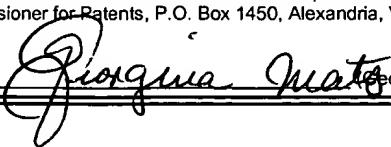
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Christopher B. Eide		
Date	December 28, 2004	Reg. No.	48,375

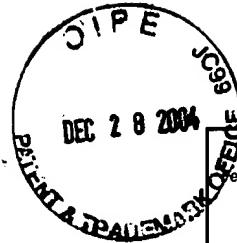
Client Ref. No.: F5-0036823/00R00553-1/US

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV537016166US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 28, 2004

Signature: 

(Georgina Matos)



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **1,020.00**

Complete if Known	
Application Number	09/759,312
Filing Date	January 12, 2001
First Named Inventor	Yoshihiro UETA
Examiner Name	S. Mulpuri
Art Unit	2812
Attorney Docket No.	299002051800

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
16	- 20 = 0	x 50.00	= 0.00	Fee (\$)
				Fee Paid (\$)
				360.00 0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 = 0	x 200.00	= 0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 - 100 = /50 (round up to a whole number) x = 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

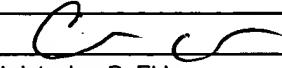
Fees Paid (\$)

Other: 1253 Extension for response within third month

0.00

1,020.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,375	Telephone	(650) 813-5720
Name (Print/Type)	Christopher B. Eide			Date	December 28, 2004

Client Ref. No.: F5-0036823/00R00553-1/US